



RECREATION PROGRAMS

Registration/Application Form

Please complete this application for NLRPR recreational programs.
(Additional Registration options available on other side if needed)

Participant Information

Please Print

Participant's Name _____

CC Membership Number: _____

Address: _____

City: _____

Zip: _____

Home phone: (____) _____ - _____

Day phone: (____) _____ - _____

Email Address: _____

Birth date ____/____/____ Age: ____

Grade Level: _____
2015-2016 School Year

Parent's/Guardian's Name: _____

Work-Phone: _____
(____) _____ - _____ x _____

Cell-Phone: _____
(____) _____ - _____

Program Information

Please Print

Community Center (check one):

- ☐ Glenview CC
- ☐ North Heights CC
- ☐ North Little Rock CC
- ☐ Sherman Park CC
- ☐ Other _____

Program/Class

Wild and Wacky Week

Session

2016

Cost

25.00

Total Payment Due: _____

ASSUMPTION OF RISK RELEASE OF LIABILITY

It is understood that the North Little Rock Parks and Recreation Department (NLRPR) does not provide medical insurance covering injuries of any nature incurred during recreational programs at NLRPR facilities or during the transportation of participants to and from activities or special events. The undersigned hereby releases the NLRPR, its successors, assigned officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing or resulting from participation in the program. All participants should be covered by their own insurance.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

WAIVER RELEASE FORM

I hereby authorize the staff of the NLRPR to act for me according to their best judgment in any emergency requiring medical attention involving my child. I waive and release said director, staff members and the City of NLR from any and all liability for all injuries and illnesses incurred while in the program.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

PHOTO WAIVER RELEASE FORM

I hereby grant NLRPR specific permission to reproduce, publish, circulate, copyright or otherwise use any and all photographs and/or videotape of me and/or my family, taken during the program, for use by NLRPR.

Participant's or Parent's Signature _____ Date _____

If participant is under 18 years old, parental signature is required.

For Office Use Only

Date Rec'd: _____ Amount Paid: \$ _____ Cash / Check # _____ Receipt # _____